MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/979,135	

APPLICANT(S)

11-22-04   3/15/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/		/		51						
2		1		/		(	52						
3		1		/		(	53						
4		1		/		/	54						
5		1		/		/	55						
6		1		/		/	56						
7		1		/		/	57						
8	1		/		/		58						
9		1		/		/	59						
10		1		/		/	60						
11		1		/		/	61						
12		1		/		/	62						
13	1						63						
14		1	/		/		64						
15		1		/		/	65						
16		1		/		/	66						
17		1		/		/	67						
18		1		/		(	68						
19		1		/		/	69						
20		1		/		/	70						
21			/		/		71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		4		4		TOTAL IND.						
TOTAL DEP.	17		16		16		TOTAL DEP.						
TOTAL CLAIMS	20		20		20		TOTAL CLAIMS						